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# Residential care home

## Introduction

Residential care homes are known as care homes for those that need accommodation and personal care as they are unable to live independently because they suffer with illnesses or disabilities. In this essay i will be going through the historical origins and developments in care homes so that i could evaluate the current functioning's as well as discussing the significance of the quality of life of the service users.

## Historical Development & Origins

In Britian the origin of residential care can trace to the poor law system which was established in the 19<sup>th</sup> century, in 1834 the poor law amendment act was created for workhouses that served for institutional care for the elderly as for those who are unable to support themselves. Hayashi (2014, p. 121) documents how workhouses such as Eastgate House in Norfolk, designed by William John Donthorn, provided an austere, utilitarian environment for inmates. This indicates that these institutes were characterised by strictly utilitarian designs and they carried a strong social stigma that reflects on the prevailing attitudes that poverty was a personal failing.

In the Victorian era it was seen that the emergences of voluntary and a charitable provision. Johnson, Rolph and Smith (2010) note that in the late 1940s, voluntary organisations acquired buildings to provide residential care for men returning from the

Second World War who "had nowhere to go or who had been wounded and needed care and attention."

Transformation occurred in following of the Second World War which established the welfare state, the National Assistance Act 1948 had formally transferred the responsibility to residential care, the poor law authorities to local authorities the represents an ideological shift. Johnson, Rolph and Smith (2007) describe Peter Townsend's seminal study *The Last Refuge* (1962), which documented conditions in 173 homes across England and Wales. But the town send found out that many residents lived within large dormitories with iron beds as well as bare floors, "little room for drawers and wardrobes and few personal possessions in evidence" (Johnson, Rolph and Smith, 2007). His work highlighted the institutional and often dehumanising nature of care, catalysing reform movements.

In the 1980s to the 1990s they had witnessed transformation through the Community Care reforms. Johnson, Rolph and Smith (2010) observe that the "pre-1980 history of private sector residential care provision for older people is an elusive and poorly charted topic," but the post-1980 period saw significant expansion of both private and voluntary provision alongside the decline of local authority homes. The Care Standards Act 2000 and the establishment of the Care Quality Commission (CQC) introduced regulatory frameworks aimed at improving quality and safety.

### **Current Functioning of Care Homes**

Residential care homes operate with comprehensive regulatory frameworks, the care quality commission inspects the services and rates as outstanding, good, required improvement and inadequate. In recent investigations it was revealed that quality was considerable, Larkhill Hall, inspected in 2025, was found to be "well-designed" with areas that "felt like it was designed and decorated with residents in mind" and the environment described as "fantastic" (Healthwatch Liverpool, 2026). Similarly, Frith House in Burnham-on-Sea has maintained an Outstanding rating for nine years, praised for creating "a calm, welcoming environment" with "dignity, kindness, respect and person-centred care" at its heart (Somerset Care, 2026).

Leiston Old Abbey Residential Home in Suffolk was rated inadequate as inspectors found a "persistent smell of urine" and the fact that the residents were not always kept safe" (BBC News, 2026). Thorndene Residential Care Home was also found to be in breach of regulations, with residents reporting boredom due to lack of activities and insufficient staffing (Care Quality Commission, 2024).

In current practice personal centred care increases emphasises, St Denis Lodge Residential Home was found to promote "a person-centred culture, offering people choice and control over most aspects of daily life" (Care Quality Commission, 2026a). Myford House Nursing & Residential Home demonstrated that "people were treated

with kindness and compassion by a caring staff team" with their "privacy and dignity protected" (Care Quality Commission, 2025).

In care homes activities play a crucial role in resident wellbeing, Housteads Residential Care Home residents enjoyed "regular activities and entertainment sessions," including trips to the pub, "Guess the Celebrity" games, and exercise sessions (Healthwatch Sheffield, 2025). Healthwatch Liverpool (2026) wrote about the importance of ensuring "staffing levels will be maintained and increased where it is necessary to provide enough flexibility and attention for residents."

### **Significance in Enhancing Quality of Life**

In residential care homes quality of life is significantly enhanced for service users who cannot live on their own, they are provided with essential personal care making sure that residents health needs are met and are safely maintained. It has been noted by residents in that past that "feeling safe is a fundamental concern", with one resident at St Denis Lodge stating "I absolutely feel safe. Staff are warm and friendly" (Care Quality Commission, 2026a).

Basic care in homes offer social connection and community. Residents in Housteads have said "mentioned forming close friendships with both other residents and staff" also with another mentioning "I am close to all the carers because I have been here for a long time" (Healthwatch Sheffield, 2025). This social dimension is vital for combating loneliness and isolation, particularly among older people.

A promotion of autonomy and choice significantly impacts wellbeing. At Frith House residents have said "treated with dignity and respect and being included in all decisions about their care and the running of the home" (Somerset Care, 2026). Other clients relative praised the "care and support" that was provided, noting "nothing is too much trouble for them" (Somerset Care, 2026), challenges persist with some residents at Annesley Lodge reported that they "felt lonely and would appreciate spending more quality time with the staff" (Healthwatch Nottingham and Nottinghamshire, 2025).

Care homes also provide crucial respite and support for families, there is one family member of a Frith House resident stated: "My gratitude extends to all staff, from the front desk, kitchen, cleaners management and all the wonderful care staff" (Somerset Care, 2026), but this support network extends beyond individual residents to their wider circles, offering peace of mind and relief from caring responsibilities.

### **Conclusion**

In conclusion residential care homes have evolved considerably, their workhouse origins have become regulated emphasising person- centred care, dignity and quality of life. However, the current landscape reveals a persistent challenge which includes variable quality, staffing pressures, and the tension between institutional safety requirements as well as individual autonomy. Taking it forward to high-quality care requires adequate staffing, meaningful activities and genuine resident involvement in decision making, as for the evidence it demonstrates that these elements are present but care homes make a profound contribution to residents' lives, providing not just care and community, purpose and belongings.

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